

## DECLARATION

Attorney Docket No.: 701879.4013

As a below named inventor, I hereby declare that this declaration is of the following type:

- |                          |                       |                          |                      |
|--------------------------|-----------------------|--------------------------|----------------------|
| <input type="checkbox"/> | original              | <input type="checkbox"/> | divisional           |
| <input type="checkbox"/> | design                | <input type="checkbox"/> | continuation         |
| <input type="checkbox"/> | supplemental          | X                        | continuation-in-part |
| <input type="checkbox"/> | national stage of PCT |                          |                      |

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CLOSURE DEVICE, the specification of which

- (a) ☐ is attached hereto OR  
 (b) X was filed on February 24, 2004 as United States Application Serial No. 10/787,073 and was amended on \_\_\_\_\_ if applicable  
 (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_, filed on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-parts applications, material information which became available between the filing date of the prior application and the filing date of the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC 119 (a) - (d), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by check the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s) or any PCT international application having a filing date before that of the application of which priority is claimed.

- (d) ☐ no such applications have been filed  
 (e) ☐ such application have been filed as follows:

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date
None	

I hereby claims the benefit under 35 USC § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56(a), regarding events which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status-patented, pending, abandoned
10/435,104	5/9/2003	Pending
10/335,075	12/31/2002	Pending
10/081,726	2/21/2002	6,623,510 issued September 23, 2003
09/732,178	12/7/2000	6719777 issued April 13, 2004.

Direct all correspondence to :

Attorney Docket No.: 701879.4013

Customer No.

34313

Orrick, Herrington & Sutcliffe LLP  
 Attn: James W. Gerlak  
 4 Park Plaza, Suite 1600  
 Irvine, CA 92614-2558  
 Tel. (949) 567-6700  
 Fax. (949) 567-6710

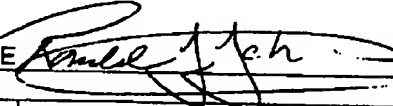
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Michael	MIDDLE Initial T.	LAST Name Carley	
	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	1681 The Alameda #28	City San Jose	State or Country CA	Zip Code 95126
INVENTOR'S SIGNATURE <i>Michael T. Carley</i> Date: <i>Sept. 20, 2004</i>					

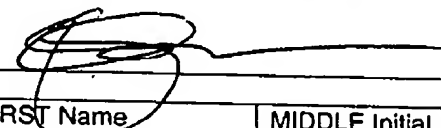
202	FULL NAME OF INVENTOR	FIRST Name Richard	MIDDLE Initial S.	LAST Name Ginn	
	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	297 Marti Way	City San Jose	State or Country California	Zip Code 95136
INVENTOR'S SIGNATURE _____ Date: _____					

203	FULL NAME OF INVENTOR	FIRST Name Javier	MIDDLE Initial	LAST Name Sagastegui	
	RESIDENCE & CITIZENSHIP	City Castro Valley	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	3430 Sommerset Ave., #2	City Castro Valley	State or Country CA	Zip Code 94546
INVENTOR'S SIGNATURE _____ Date: _____					

Attorney Docket No.: 701879.4013

204	FULL NAME OF INVENTOR	FIRST Name Ronald	MIDDLE Initial J.	LAST Name Jabba	
	RESIDENCE & CITIZENSHIP	City Redwood City	State or Foreign Country California		Country of Citizenship United States
	POST OFFICE ADDRESS	144 Oakdale St.	City Redwood City	State or Country California	Zip Code 94062
INVENTOR'S SIGNATURE  Date: 9/20/04					

205	FULL NAME OF INVENTOR	FIRST Name William	MIDDLE Initial N.	LAST Name Aldrich	
	RESIDENCE & CITIZENSHIP	City Napa	State or Foreign Country California		Country of Citizenship United States
	POST OFFICE ADDRESS	P.O. Box 6528	City Napa	State or Country California	Zip Code 94581
INVENTOR'S SIGNATURE _____ Date: _____					

206	FULL NAME OF INVENTOR	FIRST Name W.	MIDDLE Initial Martin	LAST Name Belef	
	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country California		Country of Citizenship United States
	POST OFFICE ADDRESS	1177 Britton Ave.	City San Jose	State or Country California	Zip Code 95125
INVENTOR'S SIGNATURE  Date: 9-20-04					

207	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ Date: _____					

208	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ Date: _____					

Sep 20 2001 12:30PM HP LASERJET 3330

P. 2

Direct all correspondence to :

Attorney Docket No.: 701879 4013

Customer No.

34313

Orick, Herrington & Sutcliffe LLP  
 Attn: James W. Garlak  
 4 Park Plaza, Suite 1800  
 Irvine, CA 92614-2558  
 Tel. (949) 567-6700  
 Fax. (949) 567-6710

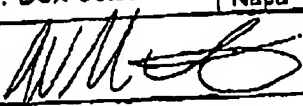
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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Date:					

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	POST OFFICE ADDRESS	297 Marti Way	City San Jose	State or Country California	Zip Code 95136
INVENTOR'S SIGNATURE					
Date: 9/20/04					

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	RESIDENCE & CITIZENSHIP	City Castro Valley	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	3430 Sommerset Ave., #2	City Castro Valley	State or Country CA	Zip Code 94546
INVENTOR'S SIGNATURE					
Date:					

204	FULL NAME OF INVENTOR	FIRST Name Ronald	MIDDLE Initial J.	LAST Name Jabba	
	RESIDENCE & CITIZENSHIP	City Redwood City	State or Foreign Country California		Country of Citizenship United States
	POST OFFICE ADDRESS	144 Oakdale St.	City Redwood City	State or Country California	Zip Code 94062
INVENTOR'S SIGNATURE					Date:

205	FULL NAME OF INVENTOR	FIRST Name William	MIDDLE Initial N.	LAST Name Aldrich	
	RESIDENCE & CITIZENSHIP	City Napa	State or Foreign Country California		Country of Citizenship United States
	POST OFFICE ADDRESS	P.O. Box 8528	City Napa	State or Country California	Zip Code 94581
INVENTOR'S SIGNATURE 					Date: 9/20/04

206	FULL NAME OF INVENTOR	FIRST Name W.	MIDDLE Initial Martin	LAST Name Belef	
	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country California		Country of Citizenship United States
	POST OFFICE ADDRESS	1177 Britton Ave.	City San Jose	State or Country California	Zip Code 95125
INVENTOR'S SIGNATURE					Date:

207	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE					Date:

208	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE					Date:

Practitioner's Docket No. 7694.US.P3

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNATURE BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)  
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR  
INCAPACITATED INVENTOR (37 C.F.R. § 1.42 AND 1.43)**

I, Jana Sagastegui

*(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)*

hereby declare that I am a citizen of United States of America,

residing at 5186 Newgate Drive

Castro Valley, CA 94552

and that I am executing and signing the declaration to which this is attached as

*(check one):*

- ☒ the administrator(trix) of  
☐ executor(trix) of the last will and testament of  
☐ legal representative (or heirs) of

Full name of (first, second etc.) deceased or incapacitated inventor: Javier Sagastegui

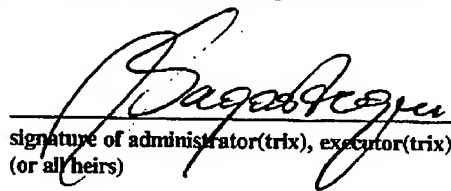
Country of citizenship of deceased or incapacitated inventor: United States of America

Residence of deceased or incapacitated inventor: Castro Valley, CA 94552

Post Office Address of deceased or incapacitated inventor: 5186 Newgate Drive, Castro Valley, CA.  
94552

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 11/18/04

  
signature of administrator(trix), executor(trix), legal representative  
(or all heirs)

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 C.F.R. § 1.42 and 1.43)Xpage 1 of 1)

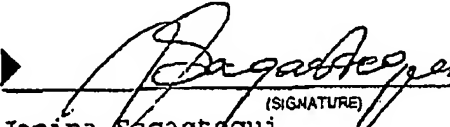
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): (510) 444-6800 (510) 835-6666 Monica Dell'Oso State Bar No. 103105 Burnham Brown 1901 Harrison Street, 11th Floor Oakland, CA 94612		FOR COURT USE ONLY  <b>ENDORSED FILED ALAMEDA COUNTY</b>  NOV 18 2004  CLERK OF THE SUPERIOR COURT By Leticia Portades, Deputy
ATTORNEY FOR (Name): Janina Sagastegui SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda STREET ADDRESS: 1221 Oak Street MAILING ADDRESS: 1225 Fallon Street CITY AND ZIP CODE: Oakland, CA 94612 BRANCH NAME: Northern Branch		
ESTATE OF (Name): Francisco Javier Sagastegui, also known as Javier Francisco Sagastegui, Javier Sagastegui DECEDENT		
LETTERS <input type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION WITH WILL ANNEXED <input type="checkbox"/> OF ADMINISTRATION <input checked="" type="checkbox"/> SPECIAL ADMINISTRATION		
		CASE NUMBER: RP04185438

- LETTERS**
- ☐ The last will of the decedent named above having been proved, the court appoints (name):
    - ☐ executor.
    - ☐ administrator with will annexed.
  - ☒ The court appoints (name): Janina Sagastegui
    - ☐ administrator of the decedent's estate.
    - ☒ special administrator of decedent's estate
      - ☒ with the special powers specified in the Order for Probate.
      - ☐ with the powers of a general administrator.
      - ☒ letters will expire on (date): 12-28-04
  - ☒ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act ☒ with full authority ☐ with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
  - ☐ The personal representative is not authorized to take possession of money or any other property without a specific court order.

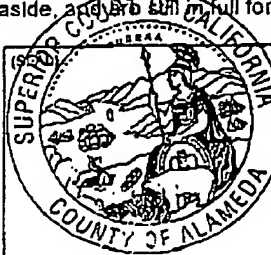
WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)	Date: NOV 18 2004
	Clerk, by ARTHUR GIMS EXECUTIVE OFFICER/CLERK
	LETICIA PORTADES
	(DEPUTY)

- AFFIRMATION**
- ☐ PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
  - ☒ INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
  - ☐ INSTITUTIONAL FIDUCIARY (name):  
  
 I solemnly affirm that the institution will perform the duties of personal representative according to law.  
 I make this affirmation for myself as an individual and on behalf of the institution as an officer.  
 (Name and title):
  - Executed on (date): 11/16/2004  
 at (place): Castro Valley, California.

  
 (SIGNATURE)  
 Janina Sagastegui

**CERTIFICATION**  
 I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are in full force and effect.

	Date: NOV 18 2004
	ARTHUR GIMS Clerk, by EXECUTIVE OFFICER/CLERK
	Leticia Portades
	(DEPUTY)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Monica Dell'Osso State Bar No. 103105 -Burnham Brown 1901 Harrison Street, 11th Floor Oakland, CA 94612 TELEPHONE NO.: (510) 444-6800 FAX NO. (Optional): (510) 835-6666 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Janina Sagastegui		FOR COURT USE ONLY  <b>ENDORSED FILED ALAMEDA COUNTY</b>  NOV 16 2004  CLERK OF THE SUPERIOR COURT B, Leticia Portades, Deputy	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda STREET ADDRESS: 1221 Oak Street MAILING ADDRESS: 1225 Fallon Street CITY AND ZIP CODE: Oakland, CA 94612 BRANCH NAME: Northern Branch		ESTATE OF (Name): Francisco Javier Sagastegui, also known as Javier Francisco Sagastegui, Javier Sagastegui DECEDENT	
PETITION FOR <input type="checkbox"/> Probate of Will and for Letters Testamentary <input type="checkbox"/> Probate of Will and for Letters of Administration with Will Annexed <input checked="" type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority.		CASE NUMBER: <b>RPO4185438</b> HEARING DATE: 12-28-04 DEPT.: 23 TIME:	

1. Publication will be in (specify name of newspaper): Inter-City Express  
 a. ☐ Publication requested. b. ☒ Publication to be arranged. requests
2. Petitioner (name of each): Janina Sagastegui  
 a. ☐ decedent's will and codicils, if any, be admitted to probate.  
 b. ☒ (name): Janina Sagastegui  
     he appointed (1) ☐ executor (3) ☒ administrator  
     (2) ☐ administrator with will annexed (4) ☐ special administrator ☐ with general powers  
     and Letters issue upon qualification.  
 c. ☒ that ☒ full ☐ limited authority be granted to administer under the Independent Administration of Estates Act.  
 d. (1) ☒ bond not be required for the reasons stated in item 4d.  
     (2) ☐ \$ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law.  
     (Specify reasons in Attachment 2 if the amount is different from the maximum required by Prob. Code § 8482.)  
     (3) ☐ \$ in deposits in a blocked account be allowed. Receipts will be filed. (Specify institution and location):
3. a. Estimated value of the estate for filing fee purposes (Complete in all cases. The estimated value of the estate is the fair market value of the real and personal property of the estate at the date of the decedent's death, without reduction for encumbrances. See Gov. Code, § 26827.):  
     (1) ☒ Less than \$250,000 (6) ☐ At least \$1.5 million and less than \$2 million  
     (2) ☐ At least \$250,000 and less than \$500,000 (7) ☐ At least \$2 million and less than \$2.5 million  
     (3) ☐ At least \$500,000 and less than \$750,000 (8) ☐ At least \$2.5 million and less than \$3.5 million  
     (4) ☐ At least \$750,000 and less than \$1 million (9) ☐ \$  
     (5) ☐ At least \$1 million and less than \$1.5 million \* (Specify total estimated value of estate.)  
 b. ☐ This petition is not the first petition for appointment of a personal representative with general powers filed in this proceeding. The first petition was filed on (date):
4. a. Decedent died on (date): 04/02/2004 at (place): Castro Valley, CA  
     (1) ☒ a resident of the county named above.  
     (2) ☐ a nonresident of California and left an estate in the county named above located at (specify location permitting publication in the newspaper named in item 1):  
 b. Street address, city, and county of decedent's residence at time of death (specify): 5186 Newgate Drive, Castro Valley, CA 94552

(Continued on reverse)

Page 1 of 3

 Form Adopted for Mandatory Use  
 Judicial Council of California  
 06-111 [Rev. August 17, 2005]

PETITION FOR PROBATE

 Legal  
 Solutions  
 & Plus

 Probate Code, §§ 8002, 10450  
 Government Code, § 26527



ESTATE OF (Name): Francisco Javier Sagastegui, also known as Javier Francisco Sagastegui, Javier Sagastegui DECEDENT	CASE NUMBER:
--	--------------

## 4. c. Character and estimated value of the property of the estate for bond purposes:

- (1) Personal property: \$ 0  
 (2) Annual gross income from:  
     (a) real property: \$ 0  
     (b) personal property: \$ 0  
     Total: \$ 0  
 (3) Real property: \$ 0

(If full authority under the Independent Administration of Estates Act is requested, state the fair market value of the real property less encumbrances.)

- d. (1) ☐ Will waives bond. ☐ Special administrator is the named executor and the will waives bond.  
 (2) ☐ All beneficiaries are adults and have waived bond, and the will does not require a bond. (Affix waiver as Attachment 4d(2).)  
 (3) ☒ All heirs at law are adults and have waived bond. (Affix waiver as Attachment 4d(3).)  
 (4) ☐ Sole personal representative is a corporate fiduciary or an exempt government agency.  
 e. (1) ☒ Decedent died intestate.  
 (2) ☐ Copy of decedent's will dated: \_\_\_\_\_ codicils dated: \_\_\_\_\_ are affixed as Attachment 4e(2).  
 (Include in Attachment 4e(2) a typed copy of a handwritten will and a translation of a foreign language will.)  
☐ The will and all codicils are self-proving (Prob. Code, § 8220).

## f. Appointment of personal representative (check all applicable boxes):

- (1) Appointment of executor or administrator with will annexed:  
 (a) ☐ Proposed executor is named as executor in the will and consents to act.  
 (b) ☐ No executor is named in the will.  
 (c) ☐ Proposed personal representative is a nominee of a person entitled to Letters. (Affix nomination as Attachment 4f(1)(c).)  
 (d) ☐ Other named executors will not act because of ☐ death ☐ declination ☐ other reasons (specify in Attachment 4f(1)(d)).  
 (2) Appointment of administrator:  
 (a) ☒ Petitioner is a person entitled to Letters. (If necessary, explain priority in Attachment 4f(2)(a).)  
 (b) ☐ Petitioner is a nominee of a person entitled to Letters. (Affix nomination as Attachment 4f(2)(b).)  
 (c) ☒ Petitioner is related to the decedent as (specify): Spouse  
 (3) ☐ Appointment of special administrator requested. (Specify grounds and requested powers in Attachment 4f(3).)

- g. Proposed personal representative is a ☒ resident of California ☐ nonresident of California (affix statement of permanent address as Attachment 4g). ☒ resident of the United States ☐ nonresident of the United States.

5. ☐ Decedent's will does not preclude administration of this estate under the Independent Administration of Estates Act.

## 6. a. The decedent is survived by (check at least one box in each of Items (1)-(4)).

- (1) ☒ spouse ☐ no spouse as follows: ☐ divorced or never married ☐ spouse deceased  
 (2) ☐ domestic partner ☒ no domestic partner (See Prob. Code, §§ 37(b), 6401(c), and 6402.)  
 (3) ☒ child as follows: ☒ natural or adopted ☐ natural adopted by a third party ☐ no child  
 (4) ☐ issue of a predeceased child ☒ no issue of a predeceased child

- b. Decedent ☐ is ☒ is not survived by a stepchild or foster child or children who would have been adopted by decedent but for a legal barrier. (See Prob. Code, § 6454.)

## 7. (Complete if decedent was survived by (1) a spouse or domestic partner but no issue (only a or b apply), or (2) no spouse, domestic partner, or issue. Check the first box that applies):

- a. ☐ Decedent is survived by a parent or parents who are listed in item 9.  
 b. ☐ Decedent is survived by issue of deceased parents, all of whom are listed in item 9.  
 c. ☐ Decedent is survived by a grandparent or grandparents who are listed in item 9.  
 d. ☐ Decedent is survived by issue of grandparents, all of whom are listed in item 9.  
 e. ☐ Decedent is survived by issue of a predeceased spouse, all of whom are listed in item 9.  
 f. ☐ Decedent is survived by next of kin, all of whom are listed in item 9.  
 g. ☐ Decedent is survived by parents of a predeceased spouse or issue of those parents, if both are predeceased, all of whom are listed in item 9.  
 h. ☐ Decedent is survived by no known next of kin.

ESTATE OF (Name): Francisco Javier Sagastegui, also known as  
 Javier Francisco Sagastegui, Javier Sagastegui  
 DECEDENT

CASE NUMBER:

8. (Complete only if no spouse or issue survived decedent.) Decedent ☐ had no predeceased spouse ☐ had a predeceased spouse who (1) ☐ died not more than 15 years before decedent owning an interest in real property that passed to decedent, (2) ☐ died not more than five years before decedent owning personal property valued at \$10,000 or more that passed to decedent, (3) ☐ neither (1) nor (2) apply. (If you checked (1) or (2), check only the first box that applies):
- ☐ Decedent is survived by issue of a predeceased spouse, all of whom are listed in item 9.
  - ☐ Decedent is survived by a parent or parents of the predeceased spouse who are listed in item 9.
  - ☐ Decedent is survived by issue of a parent of the predeceased spouse, all of whom are listed in item 9.
  - ☐ Decedent is survived by next of kin of the decedent, all of whom are listed in item 9.
  - ☐ Decedent is survived by next of kin of the predeceased spouse, all of whom are listed in item 9.
9. Listed below are the names, relationships, ages, and addresses, so far as known to or reasonably ascertainable by petitioner, of (1) all persons named in decedent's will and codicils, whether living or deceased; (2) all persons named or checked in items 2, 6, 7, and 8; and (3) all beneficiaries of a devisee trust in which the trustee and personal representative are the same person.


Name and Relationship	Age	Address
Janina Sagastegui Spouse	Adult	5186 Newgate Drive Castro Valley, CA 94552
Karina Sagastegui Daughter	Minor (DOB: 3/5/91) 13 yrs.	5186 Newgate Drive Castro Valley, CA 94552
Anita Sagastegui Daughter	Adult	236C Valley Creek Lane Danville, CA 94526
Elena Sagastegui Daughter	Adult	236C Valley Creek Lane Danville, CA 94522

☐ Continued on Attachment 9.

10. Number of pages attached: 1

Date: 11/16/04

\*(Signature of all petitioners also required. (Prob. Code, § 1020 California Rules of Court, rule 7.103).)


  
 (SIGNATURE OF ATTORNEY)  
 Monica Dell'Osso

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 11/16/2004

Janina Sagastegui  
 (TYPE OR PRINT NAME)

(TYPE OR PRINT NAME)

  
 (SIGNATURE OF PETITIONER)  
 (SIGNATURE OF PETITIONER)

# CERTIFICATION OF VITAL RECORD

## ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

3200401002283

STATE FILE NUMBER		FEDERAL FILE NUMBER		LOCAL FILE NUMBER	
1. NAME OF DECEASED (Last, First, Middle Initial)		2. MIDDLE		3. LAST NAME	
Francisco		Javier		Sagastegui	
4. DATE OF BIRTH (mm/dd/yyyy)		5. AGE (yr)		6. SEX	
01/09/1967		57		M	
7. DATE OF DEATH (mm/dd/yyyy)		8. TIME OF DEATH (hr:min)		9. PLACE OF DEATH	
04/02/2004		1335		Home	
10. MARITAL STATUS (at time of death)		11. RACE		12. ETHNICITY	
Married		White		Hispanic	
13. USUAL OCCUPATION		14. USUAL RESIDENCE		15. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
16. ADDRESS (Street, City, State, Zip)		17. COUNTY		18. STATE	
5186 Newgate Dr.		Alameda		CA	
19. NAME OF DECEASED (Last, First, Middle Initial)		20. MIDDLE		21. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
22. DATE OF BIRTH (mm/dd/yyyy)		23. AGE (yr)		24. SEX	
01/09/1967		57		M	
25. DATE OF DEATH (mm/dd/yyyy)		26. TIME OF DEATH (hr:min)		27. PLACE OF DEATH	
04/02/2004		1335		Home	
28. MARITAL STATUS (at time of death)		29. RACE		30. ETHNICITY	
Married		White		Hispanic	
31. USUAL OCCUPATION		32. USUAL RESIDENCE		33. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
34. ADDRESS (Street, City, State, Zip)		35. COUNTY		36. STATE	
5186 Newgate Dr.		Alameda		CA	
37. NAME OF DECEASED (Last, First, Middle Initial)		38. MIDDLE		39. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
40. DATE OF BIRTH (mm/dd/yyyy)		41. AGE (yr)		42. SEX	
01/09/1967		57		M	
43. DATE OF DEATH (mm/dd/yyyy)		44. TIME OF DEATH (hr:min)		45. PLACE OF DEATH	
04/02/2004		1335		Home	
46. MARITAL STATUS (at time of death)		47. RACE		48. ETHNICITY	
Married		White		Hispanic	
49. USUAL OCCUPATION		50. USUAL RESIDENCE		51. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
52. ADDRESS (Street, City, State, Zip)		53. COUNTY		54. STATE	
5186 Newgate Dr.		Alameda		CA	
55. NAME OF DECEASED (Last, First, Middle Initial)		56. MIDDLE		57. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
58. DATE OF BIRTH (mm/dd/yyyy)		59. AGE (yr)		60. SEX	
01/09/1967		57		M	
61. DATE OF DEATH (mm/dd/yyyy)		62. TIME OF DEATH (hr:min)		63. PLACE OF DEATH	
04/02/2004		1335		Home	
64. MARITAL STATUS (at time of death)		65. RACE		66. ETHNICITY	
Married		White		Hispanic	
67. USUAL OCCUPATION		68. USUAL RESIDENCE		69. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
70. ADDRESS (Street, City, State, Zip)		71. COUNTY		72. STATE	
5186 Newgate Dr.		Alameda		CA	
73. NAME OF DECEASED (Last, First, Middle Initial)		74. MIDDLE		75. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
76. DATE OF BIRTH (mm/dd/yyyy)		77. AGE (yr)		78. SEX	
01/09/1967		57		M	
79. DATE OF DEATH (mm/dd/yyyy)		80. TIME OF DEATH (hr:min)		81. PLACE OF DEATH	
04/02/2004		1335		Home	
82. MARITAL STATUS (at time of death)		83. RACE		84. ETHNICITY	
Married		White		Hispanic	
85. USUAL OCCUPATION		86. USUAL RESIDENCE		87. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
88. ADDRESS (Street, City, State, Zip)		89. COUNTY		90. STATE	
5186 Newgate Dr.		Alameda		CA	
91. NAME OF DECEASED (Last, First, Middle Initial)		92. MIDDLE		93. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
94. DATE OF BIRTH (mm/dd/yyyy)		95. AGE (yr)		96. SEX	
01/09/1967		57		M	
97. DATE OF DEATH (mm/dd/yyyy)		98. TIME OF DEATH (hr:min)		99. PLACE OF DEATH	
04/02/2004		1335		Home	
100. MARITAL STATUS (at time of death)		101. RACE		102. ETHNICITY	
Married		White		Hispanic	
103. USUAL OCCUPATION		104. USUAL RESIDENCE		105. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
106. ADDRESS (Street, City, State, Zip)		107. COUNTY		108. STATE	
5186 Newgate Dr.		Alameda		CA	
109. NAME OF DECEASED (Last, First, Middle Initial)		110. MIDDLE		111. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
112. DATE OF BIRTH (mm/dd/yyyy)		113. AGE (yr)		114. SEX	
01/09/1967		57		M	
115. DATE OF DEATH (mm/dd/yyyy)		116. TIME OF DEATH (hr:min)		117. PLACE OF DEATH	
04/02/2004		1335		Home	
118. MARITAL STATUS (at time of death)		119. RACE		120. ETHNICITY	
Married		White		Hispanic	
121. USUAL OCCUPATION		122. USUAL RESIDENCE		123. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
124. ADDRESS (Street, City, State, Zip)		125. COUNTY		126. STATE	
5186 Newgate Dr.		Alameda		CA	
127. NAME OF DECEASED (Last, First, Middle Initial)		128. MIDDLE		129. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
130. DATE OF BIRTH (mm/dd/yyyy)		131. AGE (yr)		132. SEX	
01/09/1967		57		M	
133. DATE OF DEATH (mm/dd/yyyy)		134. TIME OF DEATH (hr:min)		135. PLACE OF DEATH	
04/02/2004		1335		Home	
136. MARITAL STATUS (at time of death)		137. RACE		138. ETHNICITY	
Married		White		Hispanic	
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Senior Engineer		Medical		32	
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5186 Newgate Dr.		Alameda		CA	
145. NAME OF DECEASED (Last, First, Middle Initial)		146. MIDDLE		147. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
148. DATE OF BIRTH (mm/dd/yyyy)		149. AGE (yr)		150. SEX	
01/09/1967		57		M	
151. DATE OF DEATH (mm/dd/yyyy)		152. TIME OF DEATH (hr:min)		153. PLACE OF DEATH	
04/02/2004		1335		Home	
154. MARITAL STATUS (at time of death)		155. RACE		156. ETHNICITY	
Married		White		Hispanic	
157. USUAL OCCUPATION		158. USUAL RESIDENCE		159. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
160. ADDRESS (Street, City, State, Zip)		161. COUNTY		162. STATE	
5186 Newgate Dr.		Alameda		CA	
163. NAME OF DECEASED (Last, First, Middle Initial)		164. MIDDLE		165. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
166. DATE OF BIRTH (mm/dd/yyyy)		167. AGE (yr)		168. SEX	
01/09/1967		57		M	
169. DATE OF DEATH (mm/dd/yyyy)		170. TIME OF DEATH (hr:min)		171. PLACE OF DEATH	
04/02/2004		1335		Home	
172. MARITAL STATUS (at time of death)		173. RACE		174. ETHNICITY	
Married		White		Hispanic	
175. USUAL OCCUPATION		176. USUAL RESIDENCE		177. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
178. ADDRESS (Street, City, State, Zip)		179. COUNTY		180. STATE	
5186 Newgate Dr.		Alameda		CA	
181. NAME OF DECEASED (Last, First, Middle Initial)		182. MIDDLE		183. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
184. DATE OF BIRTH (mm/dd/yyyy)		185. AGE (yr)		186. SEX	
01/09/1967		57		M	
187. DATE OF DEATH (mm/dd/yyyy)		188. TIME OF DEATH (hr:min)		189. PLACE OF DEATH	
04/02/2004		1335		Home	
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Married		White		Hispanic	
193. USUAL OCCUPATION		194. USUAL RESIDENCE		195. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
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5186 Newgate Dr.		Alameda		CA	
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Javier Francisco Sagastegui		Javier		Sagastegui	
202. DATE OF BIRTH (mm/dd/yyyy)		203. AGE (yr)		204. SEX	
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Married		White		Hispanic	
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5186 Newgate Dr.		Alameda		CA	
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Javier Francisco Sagastegui		Javier		Sagastegui	
220. DATE OF BIRTH (mm/dd/yyyy)		221. AGE (yr)		222. SEX	
01/09/1967		57		M	
223. DATE OF DEATH (mm/dd/yyyy)		224. TIME OF DEATH (hr:min)		225. PLACE OF DEATH	
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Married		White		Hispanic	
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5186 Newgate Dr.		Alameda		CA	
235. NAME OF DECEASED (Last, First, Middle Initial)		236. MIDDLE		237. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
238. DATE OF BIRTH (mm/dd/yyyy)		239. AGE (yr)		240. SEX	
01/09/1967		57		M	
241. DATE OF DEATH (mm/dd/yyyy)		242. TIME OF DEATH (hr:min)		243. PLACE OF DEATH	
04/02/2004		1335		Home	
244. MARITAL STATUS (at time of death)		245. RACE		246. ETHNICITY	
Married		White		Hispanic	
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5186 Newgate Dr.		Alameda		CA	
253. NAME OF DECEASED (Last, First, Middle Initial)		254. MIDDLE		255. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
256. DATE OF BIRTH (mm/dd/yyyy)		257. AGE (yr)		258. SEX	
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04/02/2004		1335		Home	
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Married		White		Hispanic	
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Senior Engineer		Medical		32	
268. ADDRESS (Street, City, State, Zip)		269. COUNTY		270. STATE	
5186 Newgate Dr.		Alameda		CA	
271. NAME OF DECEASED (Last, First, Middle Initial)		272. MIDDLE		273. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
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277. DATE OF DEATH (mm/dd/yyyy)		278. TIME OF DEATH (hr:min)		279. PLACE OF DEATH	
04/02/2004		1335		Home	
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Married		White		Hispanic	
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Senior Engineer		Medical		32	
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5186 Newgate Dr.		Alameda		CA	
289. NAME OF DECEASED (Last, First, Middle Initial)		290. MIDDLE		291. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
292. DATE OF BIRTH (mm/dd/yyyy)		293. AGE (yr)		294. SEX	
01/09/1967		57		M	
295. DATE OF DEATH (mm/dd/yyyy)		296. TIME OF DEATH (hr:min)		297. PLACE OF DEATH	
04/02/2004		1335		Home	
298. MARITAL STATUS (at time of death)		299. RACE		300. ETHNICITY	
Married		White		Hispanic	
301. USUAL OCCUPATION		302. USUAL RESIDENCE		303. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
304. ADDRESS (Street, City, State, Zip)		305. COUNTY		306. STATE	
5186 Newgate Dr.		Alameda		CA	
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Javier Francisco Sagastegui		Javier		Sagastegui	
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04/02/2004		1335		Home	
316. MARITAL STATUS (at time of death)		317. RACE		318. ETHNICITY	
Married		White		Hispanic	
319. USUAL OCCUPATION		320. USUAL RESIDENCE		321. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
322. ADDRESS (Street, City, State, Zip)		323. COUNTY		324. STATE	
5186 Newgate Dr.		Alameda		CA	
325. NAME OF DECEASED (Last, First, Middle Initial)		326. MIDDLE		327. LAST NAME	
Javier Francisco Sagastegui		Javier		Sagastegui	
328. DATE OF BIRTH (mm/dd/yyyy)		329. AGE (yr)		330. SEX	
01/09/1967		57		M	
331. DATE OF DEATH (mm/dd/yyyy)		332. TIME OF DEATH (hr:min)		333. PLACE OF DEATH	
04/02/2004		1335		Home	
334. MARITAL STATUS (at time of death)		335. RACE		336. ETHNICITY	
Married		White		Hispanic	
337. USUAL OCCUPATION		338. USUAL RESIDENCE		339. USUAL RESIDENCE (City, State, Zip)	
Senior Engineer		Medical		32	
340. ADDRESS (Street, City, State, Zip)		341. COUNTY		342. STATE	
5186 Newgate Dr.		Alameda		CA	
343. NAME OF DECEASED (Last, First, Middle Initial)		344. MIDDLE		3	

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